



University of Connecticut Health Center
John Dempsey Hospital

30341

June 8, 2004

Commissioner Christine A. Vogel
Office of Health Care Access
410 Capitol Avenue, MS#13 HCA
P.O. Box 340308
Hartford, CT 06134-0308

UNIVERSITY OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

2004 JUN 10 AM 11:20

RECEIVED

Dear Commissioner Vogel:

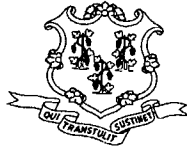
Please accept this letter of intent and attached documentation for a CON application for a replacement MRI. The replacement MRI is part of our relocation of ambulatory radiology services from the main building of John Dempsey Hospital to the Medical Arts and Research Building, which is scheduled for completion in March, 2005.

I would be pleased to discuss the project with you, or to facilitate discussions with the others most knowledgeable regarding the details.

Sincerely,

Paula McManus
Associate Vice President
Planning, Network Development & Managed Care

Attachment



RECEIVED

2004 JUN 10 AM 11:20

**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	John Dempsey Hospital	
Doing Business As		
Name of Parent Corporation	University of Connecticut Health Center University of Connecticut State of Connecticut	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	263 Farmington Avenue Farmington, CT 06030-3802	
Applicant type (e.g., profit/non-profit)	State Agency	
Contact person, including title or position	Paula McManus Associate Vice President	
Contact person's street mailing address	263 Farmington Avenue Farmington, CT 06030-3802	
Contact person's phone #, fax # and e-mail address	Phone: 860-679-3180 Fax: 860-679-1130 Email: mcmanus@nso.uchc.edu	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

MRI Replacement as part of relocation of ambulatory radiology services

b. Type of Proposal, please check all that apply:

- ☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
- | | | |
|------------------------------------------------|-------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> New (F, S, Fnc) | <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

- ☐ Project expenditure/cost greater than \$ 1,000,000
- ☒ Equipment Acquisition greater than \$ 400,000
- | | | |
|---------------------------------------------|---------------------------------------------|----------------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input checked="" type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

- ☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

263 Farmington Avenue, Farmington CT

d. List all the municipalities this project is intended to serve:

Avon, Burlington, Bloomfield, Canton, East Hartford, Farmington, Granby, Hartford, New Britain, Newington, Simsbury, West Hartford

e. Estimated starting date for the project: March 15, 2005

- f. Type of project: #19 MRI (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ 1,693,650
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	\$1,693,650
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$1,693,650
Fair Market Value of Leased Equipment	
Total Capital Cost	\$1,693,650

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
1.5 Tesla	TBD	TBD	1	\$1,693,650

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☐ Applicant's Equity
 ☒ Lease Financing
 ☐ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: John Dempsey Hospital

Project Title: MRI Replacement

I, Steven L. Strongwater, M.D., Hospital Director
(Name) (Position – CEO or CFO)

of John Dempsey Hospital being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that John Dempsey Hospital complies with the appropriate and (Facility Name) applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Steven L. Strongwater 6/8/04
Signature Date

Subscribed and sworn to before me on 6/8/04

Marilyn H. Glenn
Notary Public/Commissioner of Superior Court
MARILYN H. GLENN
NOTARY PUBLIC
MY COMMISSION EXPIRES OCT. 31, 2008

My commission expires: _____

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

Project Description

MRI replacement as part of relocation of ambulatory radiology services

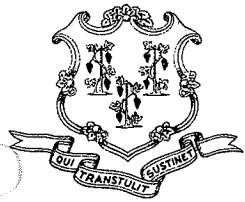
1. *Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.*

John Dempsey Hospital has in operation a mobile MRI Unit -- originally 1.0T Impact, replaced by Gyroscan NI 1.5T -- approved pursuant to Certificate of Need Determination, Report #01-J3. Please see documentation attached. As a part of its plan to relocate its ambulatory radiology services, John Dempsey Hospital plans to replace the existing unit with a fixed high field open MRI unit of a make and model to be determined at an estimated cost of \$1,693,650.

John Dempsey Hospital plans to relocate its ambulatory radiology service to a new building on the UCHC campus. John Dempsey Hospital will lease fit-out space in the building. John Dempsey Hospital will install existing and new radiology equipment in the new location. Currently ambulatory radiology services are delivered in the same suite, using the same equipment and staff, as inpatient radiology services. The separation of inpatient and outpatient radiology is planned in order to promote efficiency and patient satisfaction.

Specifically with respect to MRI services, the current mobile unit, now an appendage to the main hospital building, will be removed and replaced by a fixed unit inside the new ambulatory suite. The change is designed to improve patient satisfaction and operating efficiency. John Dempsey Hospital does not project any change in the service area or change in volume.

2. *What types of services are being proposed and what DPH licensure categories will be sought, if applicable?*
Not applicable
3. *Who is the current population served and who is the target population to be served?*
The patient population will not change from the current patient population.
4. *Identify any unmet need and how this project will fulfill that need.*
The proposal will not fulfill an unmet need but will provide existing patients with a more efficient service.
5. *Are there any similar existing service providers in the proposed geographic area?*
Yes. In addition to hospitals, there are also freestanding providers of MRI services in the geographic area.
6. *What is the effect of this project on the health care delivery system in the State of Connecticut?*
The proposal will have no impact on the delivery of health care in the State of Connecticut.
7. *Who will be responsible for providing the service?*
John Dempsey Hospital will continue to provide this service.
8. *Who are the payers of this service?*
There will be no change in the payers of this service.



JOHN G. ROWLAND
GOVERNOR

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

RAYMOND J. GORMAN
COMMISSIONER

November 29, 2001

Paula McManus
Director
Planning, Network Development, Managed Care
John Dempsey Hospital
263 Farmington Avenue
Farmington, CT 06030-3802

Re: Certificate of Need Determination, Report Number 01-J3
John Dempsey Hospital
Establish Mobile MRI Service

Dear Ms. McManus:

On November 26, 2001, the Office of Health Care Access ("OHCA") received the complete CON Determination request of John Dempsey Hospital regarding the establishment of a mobile MRI ("Magnetic Resonance Imaging") service. OHCA has completed its review and makes the following findings:

1. John Dempsey Hospital ("JDH") is an acute care hospital located in Farmington, CT.
2. JDH is proposing to establish a mobile MRI service at JDH.
3. The proposed mobile MRI unit will supplement the existing fixed unit.
4. JDH is currently experiencing a two to six week scheduling backlog for the existing MRI unit.
5. JDH will contract with a vendor to provide mobile MRI services at JDH.
6. The MRI services will be provided using a Siemens 1.0T Impact MRI unit.
7. The total capital cost associated with the establishment of the mobile MRI service is \$397,500.

An Equal Opportunity Employer

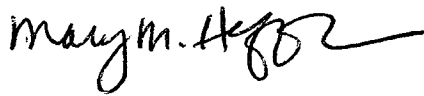
410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053

8. No renovations or new construction is need for the proposed project.

Based on the above findings, OHCA has determined that JDH's proposal to establish a mobile MRI service will not require Certificate of Need approval from OHCA pursuant to Section 19a-639 of the Connecticut General Statutes.

Thank you for providing information to OHCA regarding this proposal. If you have any questions concerning this letter, please contact Steven Lazarus, Health System Development at (860) 418-7012.

Sincerely,



Mary M. Heffernan
Director, Health System Development

cc: Rose McLellan, Processing Technician, DHSR, DPH

MMH:sl

w/cert/progserv/condet/01-J3



University of Connecticut Health Center
John Dempsey Hospital

January 21, 2004

Steven Lazarus
State of Connecticut
Office of Health Care Access
410 Capitol Avenue
MS # 13HCA
PO Box 340308
Hartford, CT 06134-0308

Re: Certificate of Need Determination, Report #: 01-J3
John Dempsey Hospital
Establish Mobile MRI Service

Dear Mr. Lazarus,

Please be advised that, under the terms of its lease agreement with the vender, John Dempsey Hospital has swapped out the Seimens Impact 1T with a Phillips Gyroscan NT 1.5T. The swap will have no impact on the costs to John Dempsey Hospital.

Sincerely,

Paula McManus
Associate Vice President
Clinical Planning, Managed Care and Decision Support

cc: Dr. Steven Strongwater
Mr. Tony Borda

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263 Farmington Avenue
Farmington, Connecticut 06030